## Form **991**

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

Open to Public

<b>B</b> (	Check if	C Name of organization		D Employer identifi	cation number
	Addre	SAVE THE BAY			
	chang Name			-   **_***84	20
H	chang Initial	3	Room/suite	+ <u>-</u> -	<u> </u>
F	return □Fiṇal	300 EDANK U OCAWA DIA7A   1	LO	E Telephone numbe 510-463-	
	return. termin			G Gross receipts \$	4,547,516.
Г	ated Amen			H(a) Is this a group re	
F	⊒return □Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
	Γαν. <b>α</b> ν.	empt status: X 501(c)(3) 501(c) ( )	or 52°		list. See instructions
		te: NWW.SAVESFBAY.ORG	<u> </u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: CA
		Summary	L roa	r or formation.	otate of legal dofficile. 322
		Briefly describe the organization's mission or most significant activities: SAVE	THE	BAY PROTECTS	AND
Governance	'	RESTORES SAN FRANCISCO BAY FOR PEOPLE AND	O WIL	DLIFE. (CONT	PG 2)
'na	1	Check this box if the organization discontinued its operations or dispos		<u>-</u>	<u>-</u>
) Ve		-		3	16
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			16
Š		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			28
/itie		Total number of volunteers (estimate if necessary)			277
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		4,269,151.	4,531,820.
ğ		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,645.	7,184.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,717.	8,512.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,290,513.	4,547,516.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,000.	5,600.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,095,308.	2,009,010.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		26,252.	48,400.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,066,95	51.		
Ĥ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,019,378.	-
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,145,938.	3,032,458.
	19	Revenue less expenses. Subtract line 18 from line 12		1,144,575.	1,515,058.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,147,895.	4,624,689.
it As	21	Total liabilities (Part X, line 26)		357,324.	364,507.
컐	22	Net assets or fund balances. Subtract line 21 from line 20		2,790,571.	4,260,182.
	art II	Signature Block			
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	er has any knowledge.	
		Signature of officer		Date	
Sig				Date	
Her	е	DAVID LEWIS, EXECUTIVE DIRECTOR  Type or print name and title			
			-	Date Check	II PTIN
Da!		Print/Type preparer's name  Preparer's signature		OHOOK	
Paid		TRACY TEALE TRACY TEALE		08/15/22 if self-employ	ed P01290862 **-***0623
	Darer	Firm's name RINA ACCOUNTANCY LLP		Firm's EIN	0023
use	Only	Firm's address 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108		Dharra / A	15\777_1100
N /	, +b = ''	RS discuss this return with the preparer shown above? See instructions		Phone no. ( 4	15)777-4488 X Yes No
ivia\	, me II	ao diacuaa nna feidhr with me dredarer shown adove? See instructions			I 44 I THS I INO

Form 990 (2020) SAVE THE BAY \*\*-\*\*8420 Page 2

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  WE WORK WITH TENS OF THOUSANDS OF VOLUNTEERS AND SUPPORTERS TO CREATE
	A CLEAN AND HEALTHY BAY, RINGED BY VIBRANT HABITAT AND COMMUNITIES
	RESILIENT TO CLIMATE CHANGE, WHERE RESIDENTS VALUE AND DEFEND THE BAY
	AS CENTRAL TO THE BAY AREA'S EXCEPTIONAL QUALITY OF LIFE.
	· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 682,220 • including grants of \$ 4,500 • ) (Revenue \$)
	RESTORE BAY HABITAT
	WE RESTORE TIDAL MARSH TRANSITION ZONE HABITAT FOR BAY WILDLIFE, WHICH
	ALSO PROTECTS COMMUNITIES FROM RISING TIDES AND CLIMATE CHANGE IMPACTS.
	WE ADVANCE THAT RESTORATION THROUGH POLICY AND REGULATORY INITIATIVES,
	INCREASING PUBLIC FUNDING FOR THE BAY, AND DIRECT REVEGETATION OF
	SHORELINE PARCELS. OUR SUCCESSFUL TRANSITION ZONE RESTORATION APPLIES
	NOVEL SCIENTIFIC TECHNIQUES, PROPAGATION OF NATIVE PLANTS, AND
	MOBILIZING COMMUNITY VOLUNTEERS. WE RE-ESTABLISH NATIVE VEGETATION THAT
	IMPROVES BAY HEALTH AND HELPS THE REGION ADAPT TO CLIMATE CHANGE.
4b	(Code: ) (Expenses \$ 332,366 • including grants of \$ 1,100 • ) (Revenue \$ )
	BAY SMART COMMUNITIES
	WE PROMOTE BAY SMART COMMUNITIES UPSTREAM AND UPLAND FROM THE
	SHORELINE, WHERE NATURE GROWS AND PEOPLE THRIVE. WE ENCOURAGE LOCAL,
	STATE AND FEDERAL POLICIES THAT REDUCE POLLUTION OF THE BAY. WE PROMOTE
	GREEN INFRASTRUCTURE USE BY CITIES TO EMIT LESS STORMWATER POLLUTION,
	CONSUME LESS FRESH WATER AND MAKE COMMUNITIES MORE RESILIENT TO CLIMATE
	CHANGE. WE WORK FOR ENFORCEMENT OF REGIONAL REGULATIONS TO ACHIEVE ZERO
	TRASH IN THE BAY, AND TO
	PREVENT DESTRUCTIVE BAY DEVELOPMENT.
4c	(Code:) (Expenses \$ 311,170 • including grants of \$) (Revenue \$)
	EDUCATION AND OUTREACH
	WE EDUCATE AND MOBILIZE AN EFFECTIVE CONSTITUENCY OF ACTIVE BAY
	SUPPORTERS, INFORMED BAY LEADERS, AND PARTNERS TO PROTECT AND RESTORE
	THE BAY. SAVE THE BAY ENGAGES MORE THAN 50,000 SUPPORTERS, STUDENTS,
	BUSINESSES AND COMMUNITY MEMBERS IN VOLUNTEER RESTORATION PROGRAMS AND
	CIVIC ENGAGEMENT CAMPAIGNS, AND WE LEAD THE REGION'S ANNUAL CELEBRATION
	OF BAY DAY. OUR STUDENT EDUCATION INCLUDES EXPERIENTIAL EDUCATION AND
	STEWARDSHIP ON THE SHORELINE, IMPACTFUL WATERSHED CURRICULUM, AND
	ENGAGING "OUTDOOR LEARNING ONLINE" VIDEO LESSONS ACCESSIBLE TO ALL.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 1,325,756.
	Form <b>990</b> (2020)

\*\*-\*\*\*<u>84</u>20 Page **3** 

Form 990 (2020)

SAVE THE BAY

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 25
8		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 25
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

032003 12-23-20

Part IV Che	cklist of	Required	Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b>₩</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			<b>₩</b>
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
<b></b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<del></del>
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<del></del>
UZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
- •	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\sqcup$
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	X
		_	1 11 1/1	10000

032004 12-23-20

AY \*\*-\*\*8420 Page 5

Form 990 (2020) SAVE THE BAY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ľ	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or		<b>^</b> -	Х	
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions		6b	Х	
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD	71	
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	s provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<del></del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re				
	to file Form 8282?	-	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	- <b>'</b>	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	ľ	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	i file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the state of the state	the			
	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12 10c	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	9			
11					
	Gross income from members or shareholders	1			
b	amounts due or received from them.)	,			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_			
	organization is licensed to issue qualified health plans	)			
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	· · · · · · · · · · · · · · · · · · ·	14b		—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				177
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	come?	16		X
	If "Yes," complete Form 4720, Schedule O.		F	990	(0000

form **990** (2020

Form 990 (2020) SAVE THE BAY \*\*-\*\*8420 Page (

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	1 , , , , , , , , , , , , , , , , , , ,	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		A =	-1-1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request X Other (explain on Schedule O)			
40		- د:⊶ -	- oi-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	u tinar	icial	
200	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► ROBIN ERICKSON − 510−463−6850			
	300 FRANK H OGAWA PLAZA , NO. 10, OAKLAND, CA 94612			

Form 990 (2020) SAVE THE BAY \*\*-\*\*8420 Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer pp		Highest compensated transplayer		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID LEWIS	40.00	-		x				162 106	0.	12 005
EXEC DIRECTOR (2) ROBIN ERICKSON	40.00			Δ				163,196.	0.	12,805.
CFO	40.00	-		x				138,887.	0.	8,149.
(3) GWENDOLYN TORNATORE	40.00			Δ				130,007.	0.	0,149.
DIRECTOR OF DEVELOPMENT AND COMMUNIC	40.00					х		139,950.	0.	167.
(4) CHRISTOPHER HOCKETT	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(5) KATHY TSAY	2.00									
VICE CHAIR-GOV		Х		Х				0.	0.	0.
(6) ANDREW WILLIAMS	2.00									
VICE CHAIR-IA		Х		Х				0.	0.	0.
(7) RHIANNON BAILARD	2.00							_	_	_
VICE CHAIR-EA		Х		Х				0.	0.	0.
(8) NANCY FEE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) DONNIE FOWLER	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(10) SAMUEL LUOMA	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) JULIANA PARK	1.00	l								•
DIRECTOR	1 00	Х						0.	0.	0.
(12) JAY PIERREPONT	1.00	١								•
DIRECTOR	1 00	Х						0.	0.	0.
(13) SURESH RAMAN	1.00	,,								•
DIRECTOR	1 00	Х						0.	0.	0.
(14) ARMELLO RODRIGUEZ	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) LAUREN SWEZEY	1.00	X						0.	0.	^
DIRECTOR (16) YOON KIN	1.00	^		$\vdash$	_	-	<u> </u>	0.	0.	0.
(16) YOON KIM DIRECTOR	1.00	X						0.	0.	0.
(17) TERRY YOUNG	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
020007 10 02 00	l .		<u> </u>		<u> </u>		<u> </u>		<u> </u>	Earm <b>990</b> (2020)

Form 990 (2020) SAVE THE BAY \*\*-\*\*8420 Page 8

Part VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C		es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than		Reportable	Reportable			stimate	
	week					is bot or/trus		compensation from	compensation from related		l	nount other	Oī
	(list any	ctor						the	organization			pensa	tion
	hours for	or dire	يو			ated		organization	(W-2/1099-MIS	3C)		om th	
	related organizations	ustee	truste		9	ubeus		(W-2/1099-MISC)			_ ~	anizat d relat	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	 					anizati	
	line)	Indivi	Institu	Officer	Кеуег	Highest compensated employee	Former						
(18) HUGH LE	1.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(19) MELISSA MANGINI	1.00									^	ĺ		_
DIRECTOR		Х						0.		0.			0.
		1											
						$\vdash$							
		-									ĺ		
						$\vdash$					<del>                                     </del>		
		1									ĺ		
						t							
		1									ĺ		
											<u> </u>		
											ĺ		
							L	442,033.		0.	2	1,1	21
1b Subtotal								442,033.		0.		т, т	0.
c Total from continuation sheets to Part V								442,033.		0.	2	1,1	
d Total (add lines 1b and 1c)  Total number of individuals (including but n									000 of reportab			-,-	
compensation from the organization	ot innited to ti	1030	liote	Ju ai	DOV	C) WI	10 10	cocived more than \$100	,000 of reportab				3
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a	=				-		elat	ed organization or indivi	dual for services				37
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
<u> </u>	mnoncotod in	don			ont	ro oto		bat received more than	\$100,000 of com			from	
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										iperis	allon	ITOITI	
(A)	tric calcridar y	cai	Cridi	ng v	VILII	OI W	<u> </u>	(B)	ycar.		((	<u></u>	
Name and business	address	N	INC	3				Description of s	ervices	C	compe		n
							$\dashv$						
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho	se li:	sted	above) who received m	nore than				

\*\*-\*\*\*8420 Page **9** 

Form 990 (2020) SAVE THE Part VIII Statement of Revenue

			Check if Schedule O c	ontains a resno	nse or note to	anv lii	ne in this Part VIII			
			Officer if Schedule O C	oritairis a respo	rise of flote to	arry III	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenuè éxcluded
								function revenue		from tax under
40										sections 512 - 514
nts	1	а	Federated campaigns	1a						
S'a ou		b	Membership dues	1b						
s, (		С	Fundraising events	1c						
ar		d	Related organizations	1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri		756,2	23.				
ös			All other contributions, gifts, g							
he l			similar amounts not included a		3,775,5	97.				
ᅙᄅ		a	Noncash contributions included in I							
Š		•	<b>Total.</b> Add lines 1a-1f			$\overline{}$	4,531,820.			
<u> </u>		<u></u>	Total: Add iii ics 1a 11		Business					
	_	_			Business	Oouc				
š	2				_					
ne je		b	-		_					
m el		С			_					
Jra Re		d			_					
Program Service Revenue		е			_					
-			All other program service r							
		g	Total. Add lines 2a-2f			<u> </u>				
	3		Investment income (includ							- 404
			other similar amounts)				7,184.			7,184.
	4		Income from investment of	f tax-exempt bo	nd proceeds					
	5		Royalties							
				(i) Real	(ii) Pers	onal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
			ľ	6c						
			Net rental income or (loss)			<b>—</b>				
			Gross amount from sales of	(i) Securiti		ner				
	•	_	assets other than inventory	7a			-			
		h	Less: cost or other basis	74			1			
<u>o</u>		D		7b						
en		_	Coin or (loca)				-			
Revenue		٠.	Gain or (loss)	70		_				
			Net gain or (loss)							
ther	8	а	Gross income from fundraisin	•						
δ			including \$	of						
			contributions reported on I	-						
			Part IV, line 18		8a		_			
			Less: direct expenses		8b					
			Net income or (loss) from f	•		<u> </u>				
	9	а	Gross income from gaming	g activities. See						
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from g	gaming activities	3					
	10	а	Gross sales of inventory, le	ess returns						
			and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from s			. ▶				
·					Business	Code				
ons e	11	а	OTHER		7121	90	8,512.	8,512.		
ane		b								
e e e		c								
Miscellaneous Revenue			All other revenue							
2			Total. Add lines 11a-11d			<b></b>	8,512.			
	12		Total revenue. See instruction			<u> </u>	4,547,516.	8,512.	0.	7,184.

\*\*-<u>\*\*</u>\*8<u>420 Page **10**</u>

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F 600	F 600		
	and domestic governments. See Part IV, line 21	5,600.	5,600.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	242 254	100 000	100 224	44 000
	trustees, and key employees	343,254.	108,020.	190,334.	44,900
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 200 510	714 200	200 276	460 024
7	Other salaries and wages	1,382,518.	714,208.	200,276.	468,034
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	162 244	70 450	26 011	10 650
9	Other employee benefits	163,314.	79,450.	36,211.	47,653
10	Payroll taxes	119,924.	57,264.	27,123.	35,537
11	Fees for services (nonemployees):				
а	Management				
b	Legal	46 010		26 225	10 005
С	Accounting	46,810.		26,885.	19,925
d	Lobbying	40 400			40.400
е	Professional fundraising services. See Part IV, line 17	48,400.			48,400.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	306 005	114 (72	E0 01E	212 407
	column (A) amount, list line 11g expenses on Sch O.)	386,995.	114,673.	59,915.	212,407. 5,404.
12	Advertising and promotion	9,051.	3,647.		5,404
13	Office expenses	1.60.606	70 050	41 460	47 150
14	Information technology	160,686.	72,059.	41,469.	47,158.
15	Royalties	75 506	25 400	17 271	22 (57
16	Occupancy	75,526.	35,498.	17,371.	22,657
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	157	227	4.4	76
19	Conferences, conventions, and meetings	457.	337.	44.	76.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,079.	11,584.	8,548.	2,947
23	Other expanses, Itamize expanses not severed	43,013.	11,304.	0,540.	4,34/
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PRINTING AND PUBLICATIO	76,127.	2,069.	0.	74,058
a b	DEPRECIATION	50,615.	30,620.	8,677.	11,318
C	SUPPLIES	37,687.	33,127.	2,600.	1,960
d	MISC	36,428.	12,574.	13,033.	10,821
-	All other expenses	65,987.	45,026.	7,265.	13,696
25	Total functional expenses. Add lines 1 through 24e	3,032,458.	1,325,756.	639,751.	1,066,951
26	Joint costs. Complete this line only if the organization		_,,,	,	_, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 12-23-20				Form <b>990</b> (2020

\*\*-\*<u>\*\*8</u>420 Page **11** SAVE THE BAY

Form 990 (2020)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			385,145.	1	434,712
	2	Savings and temporary cash investments			641,931.	2	238,793
	3	Pledges and grants receivable, net			120,000.	3	77,359
	4	Accounts receivable, net		346,036.	4	136,506	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
ĕ	9	Prepaid expenses and deferred charges			19,851.	9	20,760
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		180,524.			
	b	Less: accumulated depreciation		111,924.	119,215.	10c	68,600
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		1,449,716.	12	3,526,451	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			66,001.	15	121,508
	16	<b>Total assets.</b> Add lines 1 through 15 (must e			3,147,895.	16	4,624,689
	17	Accounts payable and accrued expenses		143,271.	17	43,459	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ģ	22	Loans and other payables to any current or f					
<u> </u>		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
3	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			214,053.	25	321,048
	26	Total liabilities. Add lines 17 through 25			357,324.	26	364,507
		Organizations that follow FASB ASC 958,					
Ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				2,437,571.	27	3,995,067
g	28	Net assets with donor restrictions	353,000.	28	3,995,067 265,115		
ב		Organizations that do not follow FASB AS					
ׅׅׅׅׅ֡֝֡֝֟֝֝֡֝֟֝		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current fun	ds .			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,790,571.	32	4,260,182
_	33	Total liabilities and net assets/fund balances			3,147,895.	33	4,624,689

\*\*-\*\*\*8<u>42</u>0 Page **12** SAVE THE BAY Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,54	7,5	16.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,03		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,51		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,79		
5	Net unrealized gains (losses) on investments	5	<b>-4</b>	5,4	46.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,26	0,1	.83.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*8420 SAVE THE BAY Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	3,288,254.	3,187,126.	2,871,687.	4,269,151.	4,531,820.	18,148,038.				
2	Tax revenues levied for the organ-						_				
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	3,288,254.	3,187,126.	2,871,687.	4,269,151.	4,531,820.	18,148,038.				
5	The portion of total contributions						· · ·				
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6							18,148,038.				
	etion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	Amounts from line 4	3,288,254.	3,187,126.	2,871,687.	4,269,151.	4,531,820.	18,148,038.				
	Gross income from interest,	-,,	-,,		-,,	-,,					
Ü	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	8,663.	12,714.	20,137.	13,645.	7,184.	62,343.				
0	Net income from unrelated business	0,003.	12//110	20,13,1	13,013.	,,1010	02/3131				
9	activities, whether or not the										
10	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	8,833.	198.	-108.	827.	8,512.	18,262.				
44	assets (Explain in Part VI.)	0,055.	100.	1001	027.	0,512.	18,228,643.				
11	• • • • • • • • • • • • • • • • • • • •	-t- ( it				12	10,220,043.				
12	Gross receipts from related activities,			outh or fifth toy v							
13	First 5 years. If the Form 990 is for the	. la aua					▶□				
500	organization, check this box and storetion C. Computation of Publ		rcentage				<u></u>				
	Public support percentage for 2020 (l		<u>-</u>	olumn (fl)		14	99.56 %				
15	Public support percentage from 2019					15	91.13 %				
	33 1/3% support test - 2020. If the o					<b>.</b>					
104	stop here. The organization qualifies	•		•		•	× and  ► X				
h	33 1/3% support test - 2019. If the o										
	and <b>stop here.</b> The organization qual						IS DOX				
170	10% -facts-and-circumstances tes						or more				
17 a	and if the organization meets the fact	-									
	· ·		•	•	•	· ·	<b>▶</b> □				
J.	meets the facts-and-circumstances to	-	-		-	170, and line 15 is :					
D	10% -facts-and-circumstances tes	-					10% Of				
	more, and if the organization meets the				-		▶ □				
40	organization meets the facts-and-circ										
18	Private toundation. If the organization	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2020

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						_
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				<u> </u>
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
IUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here	<u></u>					<u></u> ▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	<b>2019</b> Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20							

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
O.L.		
9b		
9c		
10a		
40.		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Seci	tion C. Type II Supporting Organizations			·
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	າຣ).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	2			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	ĭ					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income  (A) Prior Year (optional)									
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in <b>Part VI</b> ):								
_2	Acquisition indebtedness applicable to non-exempt-use assets	2							
_3_	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
_6	Multiply line 5 by 0.035.	6							
_7_	Recoveries of prior-year distributions	7							
_8_	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
_5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990 or 990-EZ) 2020

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1				
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior - pr	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is responsive	)					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount	10						
Sect	ion E - Distribution Allocations (see instructions)	s	(iii) Distributable					

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

D 110	(10111 000 01 000 LZ) 2020 12-12 12-12-12-12-12-12-12-12-12-12-12-12-12-1
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	Tocc instructions.)

### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) org	janizations: Complete Part III.			
Nan	me of organization			Emp	loyer identification number
		THE BAY			**-***8420
Pa	art I-A Complete if the	e organization is exempt ur	nder section 501(c)	or is a section 527 of	organization.
2	Political campaign activity ex	rganization's direct and indirect politional properties ampaign activities		▶\$	0.
Pa	art I-B Complete if the	e organization is exempt un	nder section 501(c)	(3).	
	-	se tax incurred by the organization u	• • • • • • • • • • • • • • • • • • • •	· ·	3
2	Enter the amount of any excis	se tax incurred by organization mana	agers under section 4955	5 <b>&gt;</b> §	<u> </u>
3	If the organization incurred a	section 4955 tax, did it file Form 472	20 for this year?		Yes No
k	<b>b</b> If "Yes," describe in Part IV.				
Pa	art I-C Complete if the	e organization is exempt ur	nder section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	section 527 exempt func	tion activities > \$	S
2	Enter the amount of the filing	organization's funds contributed to	other organizations for se		
					S
3		ditures. Add lines 1 and 2. Enter here			
	line 17b			<b>&gt;</b> §	S
4		Form 1120-POL for this year?			
5	made payments. For each org	and employer identification number ( ganization listed, enter the amount p ere promptly and directly delivered t C). If additional space is needed, pr	aid from the filing organize o a separate political org	zation's funds. Also enter the anization, such as a separa	he amount of political
	·	· · · · · · · · · · · · · · · · · · ·			
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Р	art II-	A		on is exempt under section 501(c)(3) and fil	ed Form 5/68 (el	ection under
			section 501(h)).			
Α	Check	<b></b>	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
			expenses, and share of exces	ss lobbying expenditures).		
В	Check	<b>&gt;</b>	if the filing organization check	ed box A and "limited control" provisions apply.		
				oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1	la Tota	l lob	bying expenditures to influence pub	lic opinion (grassroots lobbying)	1,084.	0.
	<b>b</b> Tota	l lob	bying expenditures to influence a leg	gislative body (direct lobbying)	7,677.	0.
	<b>c</b> Tota	l lob	bying expenditures (add lines 1a and	d 1b)	8,761.	0.
					3,023,697.	0.
	e Tota	l exe	empt purpose expenditures (add line	s 1c and 1d)	3,032,458.	
				unt from the following table in both columns.	301,623.	0.
	If the	am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not	over	\$500,000	20% of the amount on line 1e.		
	Over	r \$50	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over	r <b>\$1</b> ,	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over	r <b>\$1</b> ,	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over	r <b>\$1</b> 7	7,000,000	\$1,000,000.		
	<b>g</b> Gras	sro	ots nontaxable amount (enter 25% o	f line 1f)	75,406.	0.
	h Subt	tract	t line 1g from line 1a. If zero or less, $\epsilon$	enter -0-	0.	
	i Subt	tract	t line 1f from line 1c. If zero or less, e	nter -0-	0.	1
	j If the	ere i	s an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_	
	repo	rtinç	g section 4911 tax for this year?		L	Yes No
				4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total			
2a Lobbying nontaxable amount	325,063.	317,568.	307,297.	301,623.	1,251,551.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,877,327.			
c Total lobbying expenditures	12,362.	5,555.	3,706.	8,761.	30,384.			
<b>d</b> Grassroots nontaxable amount	81,266.	79,392.	76,824.	75,406.	312,888.			
e Grassroots ceiling amount (150% of line 2d, column (e))					469,332.			
f Grassroots lobbying expenditures		914.	1,013.	1,084.	3,011.			

Schedule C (Form 990 or 990-EZ) 2020

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)		(b	)
of th	f the lobbying activity.  Yes				Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		_			
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n F01/a)/	<del>(E\ .</del>		otion	
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), (	or se		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					. 2 io
	answered "Yes."			rait	III-A, IIII	e J, 15
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal				
а	Current year			2a		
b	Carryover from last year		,	2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical				
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (See instructions)			5		
Pai	rt IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lin	ies 1 a	and 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SAVE THE BAY

**Employer identification number** \*\*-\*\*\*8420

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		2	
	, ,	(a) Donor advised funds	(b) Funds and other accounts	 S
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring	
	impermissible private benefit?		Yes	No_
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area	
	Protection of natural habitat	Preservation of a	a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	of a conservation easement on the	last
	day of the tax year.		Held at the End of the T	ax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax	
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons-	ervation easements during the yea	ar
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year	
_	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above		~ ~ ~ ~ ~ ~ ~ ~ ~	<b>—</b> 1
_	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservati	•		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the	
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats	
ı aı	Complete if the organization answered "Yes" on Form		ilei Olilliai Assets.	
10	If the organization elected, as permitted under FASB ASC 95		nd balance about works	
ıa	of art, historical treasures, or other similar assets held for pul	, .		
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·	•	
h	If the organization elected, as permitted under FASB ASC 95			
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in furth	erance of public service,	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A	,	gani, provido	
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$	
	Assets included in Form 990, Part X			

032051 12-01-20

Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	r Similar	Assets(c	ontinued	)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make si	gnificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exen	npt purpose	e in Part XIII	J.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			Ty	es 🗆	□ No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	ete if the	organizatio	n answered	"Yes" on	Form 990, F	art IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	included		_	_
	on Form 990, Part X?							L Ye	∍s ∟	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:						
								Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ty?	L Ye	∍s	_ No
	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Pai	t V   Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Parl	t IV, line 1	0.			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (	<b>d)</b> Three year	rs back (e)	Four year	s back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizat	ion		
	by:							_	Yes	No
	(i) Unrelated organizations							3	a(i)	
	(ii) Related organizations							3	a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?	) 			L:	3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	D, Part I	/, line 11a. S	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	<b>(c)</b> Ac	cumulated	(d)	Book val	ue
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land			_						-
b	Buildings			9	9,633.		46,845	٥.	52,	788.
С	Leasehold improvements									
d	Equipment			8	0,891.		65,079	<del>)</del> .	15,8	<u> 312.</u>
е	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colur	nn (B). line	10c.)			<b>▶</b>	68,6	500.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 SAVE THE BA	. I		"-""0420 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or el	ad of year market value
(4) Financial desirables	(b) book value	(c) Method of Valuation. Cost of el	id-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A) OTHER INVESTMENTS	3,526,451.	END-OF-YEAR MARKE	T VALUE
(B)			<del>-</del>
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,526,451.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Port IV line	11d Con Form 000 Port V line 15	
	Description	Tru. See Form 990, Part A, line 13.	(b) Book value
	<u> </u>		(a) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			201 010
(2) OTHER LIABILITIES			321,048.
(3)			
(4)			
(5)			
(6)			-
(7)			
(8)			
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) line	0.25 )	_	321,048.
TOTAL TOURING INTERNAL CURAL FOR SOLUTION OF A COLUMN AND	U <u>L</u> U.1		

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	וג זו	Reconciliation of Revenue per Audited Financial S		Revenue per H	eturn	l <b>.</b>
		Complete if the organization answered "Yes" on Form 990, Part IV,				4 510 262
1		revenue, gains, and other support per audited financial statements			1	4,518,263.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	45 010		
а		nrealized gains (losses) on investments		-45,819.		
b		ted services and use of facilities		16,566.	-	
С		veries of prior year grants				
d		(Describe in Part XIII.)	2d			20 252
		ines 2a through 2d			2e	-29,253.
3		act line <b>2e</b> from line <b>1</b>			3	4,547,516.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)				0
С		ines <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)		5	4,547,516.
Pa	ווא זיו	Reconciliation of Expenses per Audited Financial S		ı Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV,				2 062 762
1		expenses and losses per audited financial statements			1	3,063,763.
2		unts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	16 566		
а		ted services and use of facilities		16,566.		
b		year adjustments				
С		losses		1 4 7 2 1		
d		(Describe in Part XIII.)		14,731.		21 207
е		ines 2a through 2d			2e	31,297.
3		act line <b>2e</b> from line <b>1</b>			3	3,032,466.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b				
b	Other	(Describe in Part XIII.)				0
С		ines <b>4a</b> and <b>4b</b>			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	3,032,466.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			4; Part	X, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inforn	nation.		
ד ג כד	оm 3	TI IINE OD OMHED ADTHOMENMO.				
PAI	RT X	II, LINE 2D - OTHER ADJUSTMENTS:				
~ ~ ~	713 (1	WE DAY ACTION DIND EXPENSES				1 / 721
SA	/E 1	HE BAY ACTION FUND EXPENSES				14,731.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SAVE THE BAY

Employer identification number

\*\*-\*\*\*8420

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this par	t.					
1 Indicate whether the organization rais	sed funds through any of the follow	ing acti	vities.	Check all that apply		
a X Mail solicitations	e X Solicita	tion of	non-g	overnment grants		
<b>b</b> X Internet and email solicitations			_	-		
c X Phone solicitations	g X Specia					
d X In-person solicitations	<b>9</b> == 0pccia	riariare	iisii ig i	CVCITCS		
		المالة ما	d:	ee:	-4	
2 a Did the organization have a written of						X No
key employees listed in Form 990, P						
<b>b</b> If "Yes," list the 10 highest paid indi-		uant to	agree	ements under which	the fundraiser is to b	е
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ELIZABETH SLOAN CONSULTING -	CONSULTING AND WRITING	Yes	No			
346 BLANDFORD BOULEVARD,	SERVICES ON VARIOUS		Х	0.	48,400.	-48,400.
STO BEINGFORD DOOLLVIND,	PHATEUR ON VINCIOUS			· ·	10,100.	10,100.
		1				
		-				
					40.400	40.400
					48,400.	-48,400.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Pa	art I		-			
		of fundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
3eV	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
_	11					
Pa	art I		answered "Yes" on Form	n 990, Part IV, line 19,	or reported more than	
		\$15,000 on Form 990-EZ, line 6a.		I D	_	Tage and a second
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				g	-	oon (a) amoagn oon (e)
ď	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
			Yes %		% Yes%	
	6	Volunteer labor	└── No	│	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
•	Г					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	· · · · -	etatos?		Yes No
		A.L. II				LITES LINU
~		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the ta	ax year?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	~	•	
0320	82 1°	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 SAVE THE BAY **-	* * * 8	420	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:	1	ı	
	a The organization's facility	13a		<u>%</u>
	o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\sim_{			
(	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Name			
	Gaming manager compensation > \$			
	Description of a wide a provided N			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲	Yes	☐ No
ı	no Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part ID, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, li	nes 9,	9b, 10b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
	·			
(]	) NAME OF FUNDRAISER: ELIZABETH SLOAN CONSULTING			
/ 1	. NAME OF FUNDRAISER. EDIZABETH SHOAN CONSULTING			
(]	) ADDRESS OF FUNDRAISER: 846 BLANDFORD BOULEVARD, REDWOOD CITY	<u>,</u> C	'A	94062
(1	I) ACTIVITY: CONSULTING AND WRITING SERVICES ON VARIOUS CAMPA	GNS	5	
_				

Schedule G	(Form 990 or 990-FZ)	SAVE THE BAY	**-***8420 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)	
	• •	(/	
_			 

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization SAVE THE	DAV						Employer identification number **-***8420
Part I								0420
	oes the organization maintain records		e amount of the grant	s or assistance the	e grantees' eligibilit	ty for the grants or as	sistance and the selec	tion
	iteria used to award the grants or assi				-			
<b>2</b> D	escribe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	ed States.			
Part II						anization answered "\	res" on Form 990, Par	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is nee	ded.			
1 (a	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a							<b>&gt;</b>

\*\*-\*\*\*8420 SAVE THE BAY Schedule I (Form 990) 2020 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FUNDS ARE ACCOUNTED FOR AS RECEIVED AND DETAIL IS MAINTAINED AS TO DONOR/GRANTOR, RESTRICTIONS (IF ANY), REPORTING REQUIREMENTS (IF ANY), ETC.

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SAVE THE BAY

Part I Questions Regarding Compensation

**Employer identification number** \*\*-\*\*\*8420

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdowr	of W-2 and/or 1099-N	IISC compensation	(C) Retirement and	(D) Nontaxable			
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) DAVID LEWIS (i	163,19	5. 0	. 0.	0.	12,805.	176,001.	0.	
EXEC DIRECTOR (i		0. 0.	. 0.	0.	0.	0.	0.	
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SAVE THE BAY

**Employer identification number** \*\*-\*\*\*8420

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND THE EXECUTIVE DIRECTOR. THIS GROUP OF INDIVIDUALS DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE PROFESSIONAL. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT AUTHORIZES THE FINAL RETURN WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15:

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020  Name of the organization  SAVE THE BAY	Employer identification numbe
DAVE THE DAT	10420
COMPENSATION OF OTHER PERSONNEL AND KEY EMPLOYEES IS	REVIEWED PERIODICALLY
BY MEMBERS OF MANAGEMENT (GENERALLY BY THE EXECUTIVE	DIRECTOR). EFFORTS AR
MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURC	ES IN ORDER TO
DETERMINE COMPETITIVENESSAND APPROPRIATENESS OF SALA	RIES AND ALL RELATED
BENEFITS. ALL DECISIONS ARE THEN REVIEWED AND APPROV	ED BY THE BOARD OF
DIRECTORS AND DOCUMENTATION IS PLACED IN PERSONNEL F	ILES.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINAN	CIAL STATEMENTS AND
OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIR	ONMENT AND HELD
AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE	GENERAL PUBLIC. TAX
RETURNS ARE POSTED ANNUALLY TO SAVE THE BAY'S WEBSIT	E (WWW.SAVESFBAY.ORG)
AND WWW.GUIDESTAR.ORG (WHERE THEY ARE AVAILABLE FOR	VIEWING AS ELECTRONIC
COPIES), AND ARE ALSO AVAILABLE BY REQUEST FROM THE	ORGANIZATION'S OFFICE
IN OAKLAND, CALIFORNIA.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FUNDRAISING:	
PROGRAM SERVICE EXPENSES	1,825
MANAGEMENT AND GENERAL EXPENSES	893
FUNDRAISING EXPENSES	210,432
TOTAL EXPENSES	213,150
OTHER:	
PROGRAM SERVICE EXPENSES	112,830
MANAGEMENT AND GENERAL EXPENSES	38,328

FUNDRAISING EXPENSES

1,964.

Name of the organization  SAVE THE BAY	Employer identification number
TOTAL EXPENSES	153,122.
BANK FEES:	
PROGRAM SERVICE EXPENSES	18.
MANAGEMENT AND GENERAL EXPENSES	20,694.
FUNDRAISING EXPENSES	11.
TOTAL EXPENSES	20,723.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	386,995.

06212821

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

SAVE THE BAY

Employer identification number \*\*-\*\*8420

Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)	)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	d-of-year assets Direct of		controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		contr ent	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
SAVE THE BAY ACTION FUND - 46-5304696 300 FRANK H OGAWA PLAZA STE 10	<u> </u>							
OAKLAND, CA 94612	PROTECT AND RESTORE SF BAY	CALIFORNIA	501C4					х
	$\dashv$							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organisations industrial to a particularly daily gainst taxly daily															
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income S	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income	Predominant income	Predominant income Share of total	are of total Share of		Disproportionate Code V-L		Gener	al or Perce	centage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ntions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	er?	iersnip			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No				
										$\Box$	+-				
											——				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<del></del>
									<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations listed i	n Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X
b	Gift, grant, or capital contribution to related organization(s)			1b		X
С	Gift, grant, or capital contribution from related organization(s)			1c		Х
d	d Loans or loan guarantees to or for related organization(s)			1d		X
е	Loans or loan guarantees by related organization(s)			1e		X
f	f Dividends from related organization(s)			1f		X
g	g Sale of assets to related organization(s)			1g		Х
h	h Purchase of assets from related organization(s)			1h		X
i	Exchange of assets with related organization(s)			1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Х	
	Sharing of paid employees with related organization(s)			10	Х	
р	Reimbursement paid to related organization(s) for expenses			1p		Х
q	Reimbursement paid by related organization(s) for expenses			1q	Х	
r	Other transfer of cash or property to related organization(s)			1r		Х
	S Other transfer of cash or property from related organization(s)			1s		Х
2						
	(a) (b)  Name of related organization Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount invo	olved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
00040	52		Cahadula F	/Far:	~ 000	2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners se	Share of	Share of	Dispri tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No	p mcome	assets	Yes	No	(F01111 1065)	Yes N	0
											1
										1 1	